273 Main Street (PO Box 1618) Bairnsdale Vic 3875 Website www.eastgippsland.vic.gov.au Email feedback@egipps.vic.gov.au Follow us on Twitter @egsc



Telephone: (03) 5153 9500 Fax: (03) 5153 9576 National Relay Service: 133 677 Residents' Information Line: 1300 555 886 ABN: 81 957 967 765

Commercial Tip Account Application

There are some hard words in this form. The hard words are in blue. You can read what they mean on page 3.

Applicant Details:

Applicant Details.								
Business trading name:								
Australian Business Number (ABN):							
Business address:						Postcode		
Postal address						Postcode		
Phone number: Work:			Mobile:					•
Email address:					Fax:			
Accounts payable contact person:								
Corporate structure: (please tick th	e box)		Public company	F	Partnersh	ip		
			Sole trader		Proprieta	ry Company		
What year did the company start tr	ading?							
How much credit is needed each month? \$								
What is the usual type of waste? (e	[So	orted	Unsort	ted			
Trade references or major supplie	ers: (you n	nust t	e a credit custom	er of thes	se referee	es and supply	deta	ils)
Company name	Contact person			Contact phone number				

Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

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Vehicle registration number



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Vehicle total weight

Vehicle type

Vehicle information: (please provide the following information for all vehicles using this account)

Vehicle make

_						
Directors or authorised represe	entative guarantees:					
I/We the authourised representation account. I/We agree to pay Contagreement will be ongoing and will individual 1:	ouncil the amount of	money owed now a	nd into	ening of a cr the future. T	edit This	
Name:						
Postal address:				Postcode		
Type of licence:		Licence number:				
Phone number: Work:		Mobile:				
Signature:			Date:	//		
Witness name:						
Witness signature:			Date:	//	·	
Individual 2:						
Name:						
Postal address:				Postcode		
Type of licence:		Licence number:				
Phone number: Work:		Mobile:				
Signature:			Date:		'	
Witness name:						
			1			

Privacy Statement

Witness signature:

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Date:

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Declaration:

I/We request the opening of a credit account. I/we agree to pay Council the amount of money owed now and into the future. This agreement will be ongoing and will not stop in the event of the liquidation

of the applicants named.	
Signature:	
Title:	Date:/
Witness signature:	
Witness name:	Date:/
Important Informa	ation
 GST is applied to Council fees and charges. 	
 Normal trading terms are 30 days from the date the st 	tatement is given.
 All accounts need to be paid on or before the due dat account on hold and further late payments will stop cr 	

- A credit reference may be made before approval is given.

 You will be liable for costs of recovering monies not paid. 					
 Council can suspend your account at any time without giving reason. 					
 Council can change the terms and conditions of the account by writing you a letter. 					
Hard Words:					
Liquidation: When an entity chooses or is forced by a legal judgment or contract to turn assets into a cash form					
Agreement: A negotiated and typically legally binding arrangement					
Account: A bill for goods or services provided over a period					
Proprietary: Relating to an owner or ownership:					
Authorised: Given official permission or approval					
Demolition: The action or process of demolishing or being demolished:					
Commercial Industrial: Waste collected via a business process or dealing or as a job collected or processed					
Weight: the heaviness of something					
Guarantor/s: A person or organisation that provides a formal assurance that certain conditions will be met					
Office Use Only:					
☐ Tasked to Accounts Receivable ☐ Account card issued - Card Number:					
☐ Tasked to Waste Management Supervisor ☐ Account set up – Debtor number:					

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When information is given out, Council will always try to make sure your privacy is protected in line with the Privacy and Data Protection Act 2014. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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Submitting your application

Mail	Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875.				
Electronic	Fax to 03 5153 9576 Email to feedback@egipps.vic.gov.au				
In Person	Bring the completed form and supporting documents to any of the following locations;				
	Service Centre Opening Hours: 8:30am to 5:00pm. Monday to Friday.	Bairnsdale Corporate Centre: 273 Main Street. Bairnsdale Service Centre: 24 Service Street Bairnsdale Business Centre: 34 Pyke Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade.			
	Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm	Mallacoota Service Centre: 70 Maurice Avenue			

Privacy Statement